

Review of compliance

Seth Homes Limited Stoneacre Lodge Residential Home	
Region:	Yorkshire & Humberside
Location address:	High Street Dunsville Doncaster South Yorkshire DN7 4BS
Type of service:	Care home service without nursing
Date of Publication:	November 2011
Overview of the service:	<p>Stoneacre Lodge is registered to provide accommodation and care for up to 31 people.</p> <p>The home is situated in the village of Dunsville, which is approximately 5 miles from Doncaster town centre. The building consists of a large detached house that has been extended. The accommodation is provided on two floors and there is a stair lift to facilitate</p>

	<p>access between the floors. There is car parking to the front and a garden at the rear of the building.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Stoneacre Lodge Residential Home was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People we spoke with said they were involved in the decisions about their care and staff were good at communicating with their relatives. People told us they enjoyed activities in the home and chose these on a daily basis.

People said that staff supported them to be as independent as possible and that they felt safe in the service.

What we found about the standards we reviewed and how well Stoneacre Lodge Residential Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's rights to privacy, dignity and independence were respected and promoted within the service. People living in the home and their relatives or friends were able to comment on and influence the care and support offered to them.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The health and personal care needs of the people living in the home were being met by the service and staff. People who used the service had confidence in the staff looking after them.

Outcome 07: People should be protected from abuse and staff should respect their

human rights

Procedures and actions to manage, investigate and stop alleged abuse were in place

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The physical environment was not entirely fit for purpose. There was no effective audit programme in place to ensure that appropriate policies had been developed and implemented to minimize the risk of infection.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The physical environment was not entirely safe or fit for purpose. It presented some risks to people using the service through unsafe flooring and poor fire risk practices.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Provision and monitoring of mandatory training was not up to date. Therefore staff did not receive the learning and development opportunities they needed to carry out their role and keep their skills up to date.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Some information about quality and safety was collected, but the links to risk management and quality improvement were weak. Information was not being monitored to identify risks and areas for improvement.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Records about people who use the service were used to plan appropriate care, treatment and support. Some of the information needed for this was not systematically recorded.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People we spoke with were happy in the home and felt they were respected and involved. One person said "Although I have sight problems I like to be as independent as possible; staff respect this and give me support when I need it".

People we spoke with told us that they were involved in the decisions about their care and staff were good at communicating with their relatives. One person said "With my permission the staff talk to my daughter each week about how I am doing and keep her up to date about my health and well being".

People told us that they enjoyed the activities in the home especially the dominoes and quizzes. They told us that the activity co-ordinator was not on duty the day we visited, but would be in the next day. People said they chose the activities on a daily basis.

Other evidence

Staff members on duty were knowledgeable about the needs of each person they looked after and had a good understanding of the care given on a daily basis. Observations of the staff at work indicated they respected people's wishes and choices regarding their care and maintained their dignity during care giving. People were seen to be spending time in the lounge areas or in their own rooms depending on what they

wanted to do.

We looked at three care plans and where possible spoke to people about their care. We found that people were involved in making decisions about their care and could access information in their care plan when wished. Two out of the three care plans we looked at contained information about capacity to consent to care. On the whole people's preferences were recorded in their care plan as well as their choices and decisions regarding daily activities of living. However this was more detailed for those who had full capacity than for individuals who had dementia.

The provider arranged review meetings with the person who used the service, relatives and the funding authority. These gave people an opportunity to talk about their care and treatment. Information on the discussion and outcomes from the reviews were found in the care plans we looked at.

Our judgement

People's rights to privacy, dignity and independence were respected and promoted within the service. People living in the home and their relatives or friends were able to comment on and influence the care and support offered to them.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

One person we spoke to had a good understanding of their physical health needs. They told us they self medicated and knew when they needed to adjust their diet to accommodate their blood sugar levels. Staff supported them to be as independent as possible with their medication regime. We found that information in the person's care plan clearly documented what they did for themselves and what support the staff were giving.

One person who spoke to us said "I love the home and the staff are fantastic. I have some say in the care being given to me and the staff respect my wishes. There is a good choice of food and the staff understand my likes and dislikes; I can ask them to change my diet when I want and they will discuss this with me".

Other evidence

As part of our visit we looked at the assessing, planning and delivery of people's care, treatment and support. People who used the service all had an assessment and plan of care in place and observation of the staff at work showed that people were being looked after and treated as individuals. However, the documentation of that care was not always up to date or reviewed regularly. See outcome 21 for more details.

Staff members on duty were knowledgeable about the needs of each person they looked after and had a good understanding of the care given on a daily basis. We saw good interactions between the staff and people. The staff were friendly and supportive and offered help to assist individuals in their daily lives.

Staff were seen to give people support when required such as at meal times or for toileting. Some individuals were more independent and they were able to walk around the home unaided and interacted with other residents and visitors.

Staff who spoke with us said that their training was good and that they felt they provided a high quality of care, which promoted people's rights to individuality, privacy and dignity.

Information in the care plans that we looked at and discussion with people using the service showed that people and their relatives or representatives were invited to attend care reviews. This gave people the opportunity to discuss and agree the type of care and treatment they wanted and make their wishes and choices known.

Our judgement

The health and personal care needs of the people living in the home were being met by the service and staff. People who used the service had confidence in the staff looking after them.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who spoke with us said they felt safe in the service. They knew who to speak to if they had a problem and they told us the staff or manager took quick action to put things right.

Other evidence

We looked at the information we hold about the service and spoke with the manager and staff about safeguarding. There had been no safeguarding allegations made about the service in the last 12 months.

The provider had policies and procedures to cover adult protection and prevention of abuse, whistle blowing, aggression, physical intervention and restraint and management of people's money and financial affairs.

We spoke with two members of staff about the policies and procedures to make an alert and/or whistle blow if needed. The staff displayed a good understanding of the safeguarding of vulnerable adults procedure. They told us they were confident about reporting any concerns and certain that any allegations would be followed up promptly and the correct action taken.

We looked at the staff training plan which indicated that staff required up to date training in safeguarding of adults, challenging behaviour management and use of restraint. See outcome 14 for details.

Our judgement

Procedures and actions to manage, investigate and stop alleged abuse were in place

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

There are moderate concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People who used the service told us that the domestic staff kept their rooms clean and tidy and that they were satisfied with the laundry service in the home.

Other evidence

We looked at the information we hold about the service. In July 2011 the Care Quality Commission received a complaint from a relative about hygiene practices within the service. We passed this complaint onto Doncaster Council (DMBC) to investigate. There was a joint visit from the DMBC Contract Compliance team and NHS Doncaster Infection Prevention and Control team in August 2011 and a follow up visit took place two weeks later. We were given a copy of the report from this visit, which indicated there were some concerns about infection control within the service. The DMBC gave the service until 26 October to comply with the report.

The physical environment used for the provision of care was not completely fit for purpose. We acknowledged to the manager that a considerable amount of work had been undertaken by the provider to resolve the issues identified within the report. For example we found that the manager had introduced specific cleaning schedules to cover equipment used in care giving as well as the environment. Staff were cleaning the baths and showers after each use of the facilities and keeping up to date records of this. The cleaning records were available for our inspection and discussion with the manager indicated that these were being developed to cover hoists, mattresses and pressure relieving cushions.

We saw that work was ongoing to replace toilet seats and toilet bowls where needed. The manager had introduced a cleaning schedule for carpets and replacement carpets

were on order for problem areas.

The manager was the nominated individual for infection control and the prevention of infection policies and procedures were in place and updated on a regular basis. We were informed by the manager that she had not completed any audits in relation to infection control, but these would start by October 2011.

The manager informed us that the provider had recently recruited additional domestic staff to ensure the service had cleaners on duty seven days a week.

Information given to us by the manager indicated that all staff in the service required infection control training. See outcome 14 for details.

Our judgement

The physical environment was not entirely fit for purpose. There was no effective audit programme in place to ensure that appropriate policies had been developed and implemented to minimize the risk of infection.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are moderate concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People we spoke with did not comment on this outcome area.

Other evidence

We were not looking at this outcome as part of this visit. However our observation of the service and staff practices raised concerns about lighting, carpeting and wedging of doors open.

We saw that the corridor carpets on both floors were not fitted correctly. They had a number of bumps along their length. The carpet to the entrance of the bathroom door in the extension area was coming away from the door strip and gaping. Both of these problems created a potential trip hazard to people using the service. We discussed our concerns with the manager who told us the provider was aware of the problems with the carpets and planned to replace them. No time scale for this was given to us.

We found that staff were using a door wedge to keep the laundry room door open. This was not acceptable practice with regard to fire risk and we told the manager she must look at alternative door openers which met the criteria of current fire legislation (the Regulatory Reform (Fire Safety) Order 2005).

We saw that the corridor near the bathroom in the extension had three light bulbs out, which made the area very dark for people walking in this area. This created a potential risk of people falling. We discussed this with the manager who asked the maintenance man to replace the bulbs immediately.

Our judgement

The physical environment was not entirely safe or fit for purpose. It presented some risks to people using the service through unsafe flooring and poor fire risk practices.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People who spoke with us did not comment on this outcome area.

Other evidence

There was a standard induction for new staff. We looked at the induction books and saw that new starters completed a 12 week induction which matched the 'Common Induction Standards' requirements.

The manager did not have an overall staff training plan available for our inspection. We asked the provider to send an up to date training schedule to the inspector by the end of the week. This was complied with.

Information gathered from the staff and manager indicated that all staff required training with regard to infection control, the Mental Capacity Act and Deprivation of Liberty Safeguards, equality and diversity, food hygiene, safeguarding, challenging behaviour and restraint.

Training sessions on Fire awareness, blood spillages and hand hygiene were taking place on the day of our visit and further sessions were booked for two dates in October 2011.

We saw that the manager had a supervision schedule in place. Checks of the supervision records showed that this had been followed and staff received support from the manager on a regular basis.

Our judgement

Provision and monitoring of mandatory training was not up to date. Therefore staff did not receive the learning and development opportunities they needed to carry out their role and keep their skills up to date.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People that we spoke with said that they could express their opinions and ideas about the service through regular meetings and one to one discussion with the manager. People told us "This is a good service with caring staff".

Other evidence

Discussion with the manager indicated that the quality assurance system was not up to date. We have raised concerns in this report about staff recording practices in care plans, the environment, infection control and staff training.

Audits were completed for aspects of the service such as finances, medication, care planning and accidents, but none had been done recently. We were informed that the format for the infection prevention and control audit was available but had not yet been used by the manager. The manager said this would be completed by October 2011.

We were told by the manager that staff meetings and relative/resident meetings were usually done three monthly, but these were not up to date.

We were shown the latest satisfaction questionnaires, which were sent out in 2011. We saw that only three were completed and returned. The feedback on the questionnaires was positive about the home and the care being given, but there was no evidence that this had been shared with staff or stakeholders.

Our judgement

Some information about quality and safety was collected, but the links to risk management and quality improvement were weak. Information was not being monitored to identify risks and areas for improvement.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are moderate concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

People who spoke with us did not comment on this outcome area.

Other evidence

As part of our visit we looked at three care plans for individuals who had dementia and other conditions associated with old age. We had some concerns that staff were not always recording the care being given to individuals by visiting health professionals. For example one person's care plan indicated that the district nurse visited in May, June and July 2011 (professional visitor's sheet). However there was nothing recorded about the reason for the visits in the care plan.

We were concerned that staff were not always recording and updating the care being given to people. For example we saw that one person's care plan recorded that the individual ate on her own due to problems with aggressive behaviour. However in the professional visitor notes it said this person saw their GP in August 2011 for weight loss. The GP recommended that this person start having meals again in the dining room. We discussed this with the staff on duty who said the person was eating with others. They told us they must have forgotten to update the care plan. We found that this person's care plan had not been updated since they were initially segregated for meals in May 2011.

We looked at a care plan for an individual whose mental wellbeing form said they were

not able to make their own decisions about care due to memory loss. This assessment was last updated in 2008. The care plan did not say who was responsible for supporting this individual in making these decisions on their behalf. Discussion with the staff and manager indicated that they knew who to contact in the family for this support.

We expressed our concerns to the manager about the fact that staff had knowledge of the care being given to people who used the service, but were not recording this into the care plans. This had the potential to affect the continuity of a person's care. For example one care plan that we looked documented that the GP was going to refer the individual to the tissue viability nurse with regard to a pressure sore (August 2011). No more information was recorded about this in the plan. When we spoke with the staff they told us the GP then spoke to the district nurse who came out to attend to the pressure sore. The staff had full knowledge of the care being given to the person using the service, but nothing had been written down about it.

Our judgement

Records about people who use the service were used to plan appropriate care, treatment and support. Some of the information needed for this was not systematically recorded.

Action

we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>How the regulation is not being met: The physical environment was not entirely fit for purpose. There was no effective audit programme in place to ensure that appropriate policies had been developed and implemented to minimize the risk of infection.</p>	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>How the regulation is not being met: The physical environment was not entirely safe or fit for purpose. It presented some risks to people using the service through unsafe flooring and poor fire risk practices.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: Provision and monitoring of mandatory training was not up to date. Therefore staff did not receive the learning and development opportunities they needed to carry out their role and keep their skills up to date.</p>	

Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: Some information about quality and safety was collected, but the links to risk management and quality improvement were weak. Information was not being monitored to identify risks and areas for improvement.	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: Records about people who use the service were used to plan appropriate care, treatment and support. Some of the information needed for this was not systematically recorded.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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